

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTHState File No. \_\_\_\_\_  
Registered No. 710

## 1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village P.O. Box 1131 - Miami - Ariz.  
City Miami No. 3200 Turkey Street St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Charles Vale } If child is not yet named, make supplemental report, as directed.3. Sex of Child Male To be answered ONLY in event of plural births. } 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Nov-28-1930  
Month Day Year8. FATHER  
Full name Pedro Vale  
9. Residence Miami,  
(Usual place of abode) Arizona  
If non-resident, give place and state.10. Color or race Mex 11. Age at last birthday 23 (Years)12. Birthplace (city or place) Durango  
(State or country) Mex13. Occupation  
Nature of Industry Barber14. MOTHER  
Full maiden name Julia Perez  
15. Residence Miami,  
(Usual place of abode) Arizona  
If non-resident, give place and state.16. Color or race Mex 17. Age at last birthday 19 (Years)18. Birthplace (city or place) \_\_\_\_\_  
(State or country) New Mex.19. Occupation  
Nature of Industry Housewife20. Number of children of this mother. 2 } (a) Born alive and now living \_\_\_\_\_  
(Taken as of time of birth of child herein } (b) Born alive but now dead \_\_\_\_\_  
certified and including this child.) } (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5 A. m. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from  
a supplemental report.Signature Cyril M. Brown M.D.

(Physician or midwife.)

Address Miami, ArizonaFiled Jan 10, 1931Registrar Lo. E. Irving

Registrar.

355-1128-179